

Personnel Policy Bulletin

Number: 2003-2

Lancaster County

Date: February, 2003

| Reference: | Title: |
|---|--|
| State of Nebraska Catastrophic Illness Donation Program | Catastrophic Illness Leave Donation Policy |
| City of Lincoln Personnel Policy Bulletin 2000-2 | |
| Supercedes Personnel Policy Bulletin 2000-4 | |

CATASTROPHIC ILLNESS LEAVE DONATION POLICY

Introduction:

The County of Lancaster recognizes that there are instances in which an employee may suffer from a catastrophic illness or non-work-related injury requiring extensive medical treatment, rehabilitation, and ultimately the exhaustion of the employee's County-provided paid leaves. The County also recognizes that when these instances occur, co-workers of the employee experiencing a catastrophic illness or non-work-related injury desire to assist the employee until the employee recovers from the illness and can return to work. This policy bulletin is intended to establish guidelines for employees of Lancaster County to donate accrued vacation time and personal convenience holidays to another employee suffering from a catastrophic illness or non-work-related injury to be used as paid sick leave by the employee with the catastrophic illness or non-work-related injury.

I. POLICY

It shall be the policy of the County of Lancaster to allow employees the opportunity to donate accrued vacation leave and personal convenience holidays to the benefit of another County employee suffering from a catastrophic illness or non-work-related injury.

II. PROCEDURE

A. Employees Covered

All classified and unclassified employees who earn leave and have been employed a minimum of twelve consecutive months shall be eligible to participate in the Catastrophic Leave Donation Program.

B. Recipient Employee Eligibility

To be eligible to receive leave donated pursuant to this policy, an employee must meet the following conditions:

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1. The employee must be suffering from a catastrophic illness or non-work related injury which has resulted in the exhaustion of all the employee's paid leave and which extends for at least one week after the exhaustion of such leave.
2. Generally, illnesses which qualify as "serious health conditions" pursuant to the Family Medical Leave Act would be considered as eligible for catastrophic illness leave donation. The illness must be that of the employee personally, not an illness of the employee's child, spouse, or other family member, to be eligible for leave donation.
3. The employee must produce competent medical verification of the illness or non-work related injury satisfactory to the County.
4. The employee must have a minimum of one year of service with the County.
5. The employee must have exhausted all paid leave, including but not limited to sick leave, vacation, and personal holidays.
6. The employee must not have offered anything of value to another employee in exchange for the leave donation.
7. No more than 1,040 hours per 12 month period from date of catastrophic leave approval may be received by the employee.
8. The employee must complete the Catastrophic Illness Donation Request Form and submit the form to the employee's department head, and the Personnel Director, who will certify that the employee is eligible to participate in the leave donation program.

C. Donor Employee Eligibility

1. The employee must have an accrued vacation leave balance of at least forty hours subsequent to making a leave donation.

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2. The employee must donate Personal Convenience Holidays in only eight-hour increments. Vacation may be donated in four-hour or eight-hour increments.
3. The employee must not have solicited nor accepted anything of value in exchange for the donation.
4. The employee must complete and have witnessed the Catastrophic Illness Donation Form.

D. How to Apply For or Donate Leave

1. An employee who qualifies for catastrophic illness leave shall complete the Catastrophic Illness Donation Request Form and submit it to the department head who shall, in conjunction with the Personnel Director, review it for approval or denial.
2. Upon approval, donor employees shall complete the Catastrophic Illness Donation Form indicating a willingness to donate vacation or Personal Convenience Holiday time and the amount of said time to be donated. This form shall also be signed by a witness to the donor's signature. The completed form should then be forwarded to the payroll person in the department of the ill employee.
3. Employees donating their time are doing so strictly on a voluntary basis and will have their vacation or Personal Convenience Holiday leave balances irrevocably debited for the amount of time transferred to the recipient employee. The transferred time will be placed in the recipient employee's sick leave account.
4. The Personnel and County Payroll Departments will monitor hours donated. The time donated will be on an "hour-for-hour" basis to the recipient employee.
5. Vacation hours transferred are done so in four-hour or eight-hour increments. Personal Convenience Holiday hours transferred are done so in eight-hour increments. Any time donated which is not used by the recipient remains with the recipient.

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6. Subsequent to the receipt of the leave donation forms and the determination of the total hours donated, the Personnel Department shall credit the recipient employee's sick leave balance on a biweekly payroll basis. An employee who is receiving catastrophic illness leave donated by other employees shall be allowed to accrue vacation and sick leave while in that status, however, all accrued leave shall first be used prior to the use of donated leave time.


Georgia Glass, Personnel Director

1-30-03
Date

CITY OF LINCOLN -- LANCASTER COUNTY

Catastrophic Illness Donation Request Form

(To be completed by Requesting Employee)

_____, an employee in _____,
(Name) (Department)

has requested vacation leave/Personal Convenience Holiday donations under our Catastrophic Illness Program, and meets the conditions of our Catastrophic Illness Program per the attached medical documentation. My signature hereto acknowledges that I agree to release, indemnify, and hold harmless, the City of Lincoln and Lancaster County from any claim I might have relating to the release of only my name to City or County Departments advising them that I am eligible for Catastrophic Illness Donations.

Employee Signature

Date

Social Security Number: _____

APPROVED: _____
Department Head Date

APPROVED: _____
Personnel Director Date

Employee: Forward this request form ***and*** medical documentation from your physician to your department head.

To be eligible to donate vacation leave/Personal Convenience Holiday(PCH):

- Name of employee you are contributing to: _____

I understand my vacation leave/Personal Convenience Holiday balance(s) will be decreased by the hours I am donating and that my vacation leave/Personal Convenience Holiday hours shall be irrevocably credited to the recipient's sick leave account.

Your Social Security Number _____

Witness Signature _____

Date _____

Employee: Forward this donation form to the payroll person in the department of the employee you are contributing the hours to.

Adjusted balances as of: _____